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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations '							
SUBJECT: GATEWAY TITLE & ESCROW GROUP, LIC (Name of Limited Liability Company)							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
SUSAWR REGISTER (Name of Person)							
GATEWAY TITLE & ESCROW) (Firm/Company)							
30 SKYLINE DR. #211 (Address)							
LAKE MARI FL 32746 (City/State and Zip Code)							
For further information concerning this matter, please call:							
SUSANR REGISTER at (386 848-4606 (Area Code & Daytime Telephone Number)							
Enclosed is a check for the following amount:							
□ \$25.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)							

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co		ESCROU Appears on oun npany)		OUPL	LC
The Articles of Organization for this Limited Liability Company were filed on					signed
Florida document number <u>LO700077044</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	l liability compa	any here:			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability	Company," the	e designation '	"LLC" or the	abbreviation
Enter new principal offices address, if applicable:	•				SIAIC
(Principal office address MUST BE A STREET ADDRESS)					<u> </u>
	11 - 1 - 11 - 11 - 11 - 11 - 11 - 11 -				SAT SAT SAT SAT SAT SAT SAT SAT SAT SAT
Enter new mailing address, if applicable:				70	75 A P
(Mailing address MAY BE A POST OFFICE BOX)				6	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	s here:		- 		of the new
Name of New Registered Agent:	<u>SUSAN</u>	R. RE	SISTER	<u> </u>	
New Registered Office Address:	New Registered Office Address: 2641 SALTERS COCEPITE (Enter Florida street au				
		•		•	4 5 - 5 C
	Delton)A	_, Florida _	FL	<u>327</u> 38 de)
New Registered Agent's Signature, if changing Registered A				(Zip Coi	16)
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and c					

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, Thereby confirm that the limited liability

company has been notified in writing of this change.

MGR = Manager. MGRM = Managing Member Title **Name** Address Type of Action ERSSON CHRISTOPHER 6. 144 Brush Creek Dr. SANFORD, FL 3271 MGRM □ Add Remove Remove ☐ Remove ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) + PURSUANT TO FLA. STATUTE 608.4237(b) Susan R. Register Typed or printed name of signee Page 2 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

or Managing Member being added or removed from our records:

Filing Fee: \$25.00